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FOR THE NORTHERN DISTRICT OF ALABAMA

2006 SEP 15 PM 1:39

U.S. DISTRICT COURT
N.D. OF ALABAMAAPPLICATION TO PROCEED IN FORMA PAUPERIS

Declaring that the personal and financial information I have given below is true and correct, I apply to this Court for authority to proceed with this case without prepayment of fees, costs, or security.

1. Your full name: Lorenzo Neal Billingsley
Present mailing address: Tallapoosa County Jail 316-Industrial Park Dr
Dadeville, Alabama 36853

2. Are you presently employed? Yes ☐ No ☒

If the answer is "yes," give the name and address of your employer and the amount of your usual monthly salary or wages.

Monthly earnings: _____

If the answer is "no," give the name and address of your last employer, when you last worked, and the amount of the monthly salary or wages you were receiving.

Hud Housing Authority of Sylacauga Alabama 35150
\$8.00 hrs.

Date last worked: Nov 2005

Monthly earnings: \$800.00

3. Have you received within the past twelve months any money from any of the following sources?

(a) Business, profession, or any form of self-employment? Yes ☐ No ☒

(b) Interest, dividends, rents, or investment income of any kind? Yes ☐ No ☒

- (c) Pensions, annuities, or life insurance payments? Yes ☐ No ☒
- (d) Gifts or inheritances? Yes ☐ No ☒
- (e) Any other sources? Yes ☐ No ☒

If the answer to any of the above is "yes," describe each source of money and state the amount received from each during the past twelve months.

N/A

4. How much money do you own or have in any checking or saving accounts, including your prison or jail account? \$ N/A

5. Do you own any real estate, stocks, bonds, notes, automobiles, boats, or other valuable property (excluding ordinary household items and clothing)? Yes ☐ No ☒

If the answer is "yes," describe the property and state its approximate value:

6. List the persons who are dependent upon you for support, stating your relationship to them and how much you contribute toward their support.

My wife helps me because I'm Disable and I have sign up for my Disability

I declare (or certify, verify, or state) under penalty of perjury that the foregoing is true and correct.

Dated: 9-8-06

Mr. Lorenzo Real Bellingrey
SIGNATURE OF PLAINTIFF

INFORMATION REGARDING PRISONER ACCOUNTS

The Prison Litigation Reform Act, Pub. L. No. 104-134, §804, requires a prisoner seeking to proceed *in forma pauperis* to submit information regarding his prison or jail trust account for the six months preceding the filing of the complaint. This information must be obtained from the appropriate official of each prison or institution at which the prisoner is or was confined within the past six months. This information **must** be certified by prison or jail personnel and **must** include both the total deposits made to the prisoner's account each and every month for the preceding six months and the average monthly balance in the account each and every month during the preceding six months. Information for **six full months** must be provided.

CERTIFICATION

I hereby certify that prisoner Lorenzo Billingsley has been incarcerated in this institution since 8-8-06, 19 , and that he has the sum of \$ 0 in his prison or jail trust account on this the 13 day of September, 2006. I further certify that the information provided below is true and correct.

| | <u>Month/Year</u> | <u>Total Deposits Received</u> | <u>Average Account Balance</u> |
|--|-------------------|--------------------------------|--------------------------------|
| Month 1 | <u>0</u> | \$ <u>0</u> | \$ <u>0</u> |
| Month 2 | _____ | \$ _____ | \$ _____ |
| Month 3 | _____ | \$ _____ | \$ _____ |
| Month 4 | _____ | \$ _____ | \$ _____ |
| Month 5 | _____ | \$ _____ | \$ _____ |
| Month 6 | _____ | \$ _____ | \$ _____ |
| Current month (if less than full month) | _____ | \$ _____ | \$ _____ |

Marianne Adams
Signature of Authorized Officer of Institution

TCSO
Name of Institution